



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

| LOGOUT |

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1



*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.C.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

Help with this form

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000326162

**2. Name of Corporation** Spinlock USA, Inc.

**3. Street Address Principal Business Office:**

No. and Street: P.O. BOX 2672

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

**4. Business Phone No.**

401-662-3125

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

Sales & Marketing

**FILED**

**AUG 19 2009 4:27**

**By** Confer# 39198

*fmc*

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	DIRECTOR	CHRISTOPHER ROSS HILL	4 OLD ROAD ROMSEY, HAMPSHIRE SO517WH UK
<input type="checkbox"/>	DIRECTOR	RODNEY JAMES CAPEL HOGG	BROOK VILLA BROOK, ISLE OF WIGHT PO304ER UK

Select From Below

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	10,000.00	0.00

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: CHRISTIE-ANN GAFGEN

Business Name: DETWILER & ASSOCIATES

No. and Street: 163 AQUIDNECK AVE. - Same Address as -

City or Town: Middletown

State: RI

Zip: 02842

Country: USA

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

**Signed this 19 Day of August, 2009 at 4:27:35 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Devin Detwiler

Signature of Authorized Representative of the Corporation

CPA  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this



Accept       Decline

[Click HERE to Submit This Information](#)

Form No. 630  
Revised 09/07

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Help